



1255 Cross St. S.E.
Salem, OR. 97302
(503) 375-0533

716 SE 11th Ave. A
Portland, OR. 97214
(503) 222-5381

749 Madison St.
Eugene, OR. 97402
(541) 463-7726

Date: _____

APPLICATION FOR EMPLOYMENT

Name: _____
First
Middle
Last

Address: _____

Phone: _____ Social Security Number: _____-____-_____

Driver's License Number: _____ State: _____

Date Available to start: _____ Salary Desired: \$ _____

Check All that Apply:

YES

NO

- | | | | | |
|---------------------------------|--------------------------|------------|--------------------------|------------|
| 1) US Citizen | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 2) Valid Oregon Drivers License | <input type="checkbox"/> | Lic# _____ | <input type="checkbox"/> | Exp. _____ |
| 3) Security Experience | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 4) Law Enforcement Experience | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 5) Military Experience | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 6) First Aid Certificate | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 7) DPSST unarmed License | <input type="checkbox"/> | Lic# _____ | <input type="checkbox"/> | Exp. _____ |
| 8) DPSST armed License | <input type="checkbox"/> | Lic# _____ | <input type="checkbox"/> | Exp. _____ |
| 9) Concealed Weapons License | <input type="checkbox"/> | Lic# _____ | <input type="checkbox"/> | Exp. _____ |

Did you Graduate:

- | | | |
|----------------------|--------------------------|--------------------------|
| 1) High School | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) College | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Trade School | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Military Training | <input type="checkbox"/> | <input type="checkbox"/> |



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Previous Employers: (Starting with Most Recent Employer)

From: _____ To: _____ Name of Company: _____

Address: _____

Phone Number: _____ Position: _____

Salary: _____ Supervisor: _____

Reason for leaving: _____

From: _____ To: _____ Name of Company: _____

Address: _____

Phone Number: _____ Position: _____

Salary: _____ Supervisor: _____

Reason for leaving: _____

From: _____ To: _____ Name of Company: _____

Address: _____

Phone Number: _____ Position: _____

Salary: _____ Supervisor: _____

Reason for leaving: _____

ADVANCED SECURITY INC.

1255 Cross St. S.E.
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PERSONAL PROFILE

Have you ever:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Used an illegal drug? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been a chronic user of alcoholic beverage? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had an injury to your ligaments, tendons, or musculature which limited your normal physical abilities for any period of time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been rejected for employment or military service for any mental reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | Resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wear corrective lenses or had any vision or hearing problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you now using any type of prescribed medication? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any current or pending civil actions against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been the subject of any criminal or civil rights investigation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Ever applied for a permit to carry a concealed weapon? |
- If "YES", please provide the following:

Permit granted: Yes No Date: _____

Name of Law Enforcement Agency: _____

Purpose: _____

Is there anything in your life that may reflect upon your suitability or ability to perform the duties which you may be called upon to undertake, or is there anything in your life that requires further explanation? Yes No

If any answers to these questions are affirmative, explain fully on a supplement sheet attached to the back of this form.

SIGNATURE: _____ DATE: _____

